



GEORGIA CRIME VICTIMS COMPENSATION PROGRAM
104 MARIETTA STREET, SUITE 440, ATLANTA, GEORGIA 30303-2743
OFFICE: (404) 657-2222 FAX: (404) 463-7652 TTY: (404) 463-7650
TOLL FREE: 1-800-547-0060 (BILINGUAL & TRANSLATION LINE SERVICES AVAILABLE)

Type of Benefits Applying For:		Type of Crime: (Check One)	
Medical	\$ _____	Assault (Non-Familial)	<input type="checkbox"/> Murder <input type="checkbox"/>
Funeral	\$ _____	Domestic Violence	<input type="checkbox"/> DUI <input type="checkbox"/>
Counseling	\$ _____	Sexual Assault (Adult)	<input type="checkbox"/> Hit-and-Run <input type="checkbox"/>
Economic Support	\$ _____	Sexual Assault (Child)	<input type="checkbox"/> Vehicular Homicide <input type="checkbox"/>
Crime Scene Clean-Up	\$ _____	Child Physical Abuse	<input type="checkbox"/> *Serious Injury by Vehicle <input type="checkbox"/>
Total Compensation	\$ _____		

GENERAL INFORMATION: (See attached sheet for instructions and deadlines)
Fill out this form as completely and accurately as possible. All claims will be thoroughly investigated and verified. You must provide the documentation necessary for your type of claim. Mail your completed form and documentation to the above address.
(Property crimes not eligible) Unless good cause is shown, applications must be submitted within 1 year of the incident.

Referring Office/Agency _____

Have you requested/ filed: Restitution () Civil Action ()		Do you have medical/dental/burial insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insurance Info: _____		_____	
Name of Ins. Co.	Policy Number	Telephone #	Address
Insurance Info: _____		_____	
Name of Ins. Co.	Policy Number	Telephone #	Address

SECTION I. VICTIM INFORMATION

Victim's Name _____ Soc. Sec. No.: _____ Age: __ Male ☐ Female ☐

Address: _____

City State Zip Code

Date of Birth: _____ Telephone (Home): (____) _____ (Work): (____) _____

Was the victim employed at time of crime? ☐ Yes ☐ No

Dates victim was absent from work due to injuries sustained during crime _____

SECTION II. CLAIMANT INFORMATION (if someone other than the victim is paying for bills)

Your Name: _____ Soc. Sec. No.: _____ Date of Birth _____

Address: _____

City State Zip Code

Relationship to Victim: _____ Telephone (Home): _____ (Work): _____

SECTION III. CRIME INFORMATION (attach a copy of the police report, TPO, warrant, etc.)

Location of Crime: _____ Date of Crime: _____ Date Reported _____

City County

Agency Crime Reported to: _____ Name of Officer/Detective: _____

Offender's Name: _____ Law Enforcement Case #: _____

SECTION IV. FEDERAL GOVERNMENT INFORMATION (Optional for Statistical Use Only)

Ethnic Group (Victim): <input type="checkbox"/> White <input type="checkbox"/> Black	U. S. Citizen (Victim)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander	Handicap (Victim)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hispanics (Mexican, Puerto Rican, Cuban, or other Spanish Culture)	Federal Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Multiracial	Georgia Resident (Victim)	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT – READ CAREFULLY - AUTHORIZATION
(A COPY OF THIS SIGNED RELEASE SHALL BE CONSIDERED THE SAME AS THE ORIGINAL)

SUBROGATION AGREEMENT:
I hereby agree that if I am awarded any money by the Georgia Crime Victims Compensation Board, in consideration of such award, I assign, transfer and subrogate to the Board, all rights, claims, interests, and rights of action, to the extent of the Board's award, that I may have against other parties or entities that may be obligated to compensate me for the injuries or damages which form the basis for this application. I also hereby certify that, to date, I have not received any compensation except as noted on this form.

MEDICAL AND CRIMINAL HISTORY RELEASE: (A Criminal History will be provided on victims 18 years of age and older.)
I hereby authorize and understand that a criminal history report will be analyzed to determine the victim's eligibility for the Georgia Crime Victims Compensation Program. I authorize any hospital, physician, medical facility, insurer or any other person or law enforcement agency who has knowledge relative to my claim to furnish information to the Georgia Crime Victims Compensation Board. If psychiatric assistance is requested, a separate authorization form may be required.

Victim/Claimant Signature (original) _____ Date _____

Form CV-1 Revised 06/07

**GEORGIA CRIME VICTIMS COMPENSATION PROGRAM
COMPENSATION ELIGIBILITY REQUIREMENTS**

The following are general eligibility requirements:

- 1) Victim must be an innocent party of a violent crime (must have a physical injury).
In child molestation cases, the mere touch of a child may constitute a physical injury.
- 2) Georgia Crime Victims Compensation Program can not pay for property loss or property crime.
- 3) The crime must be reported to proper governmental authorities (i.e. law enforcement, child protective services, the courts, etc.) within 72 hours. The 72 hours may be waived for good cause shown.
- 4) A Criminal History will be provided and analyzed on victims 18 years of age and older.
- 5) A parent of a child victim may be eligible for lost wages, to compensate for medical time spent off work with the child.
- 6) Victims of domestic violence may be eligible for loss of support.
- 7) Unless good cause is shown, applications must be submitted within 1 year of the incident. The Board may consider claims filed within 2 years of the crime (all claims received after 1 year must be appealed within 30 days for the Board to consider). Applications received 2 years after the crime cannot be considered for compensation.
- 8) The Board may consider claims filed within 3 years for crimes that occurred on or after July 1, 2005 (all claims received after 1 year must be appealed within 30 days for the Board to consider). Applications received 3 years after the crime cannot be considered for compensation.
- 9) The victim must not have contributed to the offense.
- 10) Victims of crime occurring on or after July 1, 2002, may be eligible for up to \$25,000. Claims received regarding crimes occurring prior to July 1, 2002, are not eligible for more than \$10,000 in compensation benefits.
- *10) **Serious Injury by Vehicle** may be considered when “Whoever, without malice, shall cause bodily harm to another by depriving him of a member of his body, by rendering a member of his body useless, by seriously disfiguring his body or a member thereof or by causing organic brain damage which renders the body or any member thereof useless through the violation of Code Section 40-6-390 or 40-6-391 shall be guilty of the crime of **serious injury by vehicle**.”

Compensable Losses Include:
(All applications must include a Police Report, TPO, or a Warrant)
\$25,000 Maximum Award Amount for crimes occurring on/after July 1, 2002
\$10,000 Maximum Award Amount for crime occurring before July 1, 2002

The following documents must be attached in order for the claim to be processed:

		<u>Categorical Caps</u>
✓ Medical Expenses		
a.) Itemized (description of service) medical bills must be included		\$15,000 Crimes occurring on/after 07/01/02 \$10,000 Crimes occurring between 05/13/02 – 06/30/02 \$ 5,000 Crimes occurring prior to 05/13/02
✓ Funeral Expenses		\$ 3,000
a.) Death Certificate		
b.) Itemized (description of service) funeral bill		
c.) Receipt of payment (if bill has been paid)		
✓ Mental Health Counseling Expenses		\$ 3,000 Crimes occurring on/after 05/13/02
a.) Itemized Counseling Bills (Counselors must be licensed and in good standing with the Secretary of State’s Office)		\$ 2,500 Crimes occurring prior to 05/13/02
✓ Economic Support		\$10,000 Crimes occurring on/after 05/13/02
(1) Lost Wages (The victim must be employed at time of crime to be eligible)		\$ 5,000 Crimes occurring prior to 05/13/02
a.) Pay stubs for a period of at least 60 days prior to injury		
b.) Letter from employer stating number of days missed and wages lost since the date of the injury.		
c.) Doctor’s note required when absent more than one week		
OR		
(2) Loss of Support		
a.) Pay stubs for a period of at least 60 days prior to injury		
b.) Have to submit proof that they have applied for disability, Social Security, Worker’s Compensation, etc. in order to be eligible.		
c.) Additional information may be required upon request.		
✓ Crime Scene Clean-up		
a.) Itemized sanitization bill must be included.		\$ 1,500 Crimes occurring on/after 05/13/02

The current average processing time is approximately 90 days.